

Research Statement | Katie A. McCormick, PhD, MSW

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The U.S. continues to grapple with an ongoing opioid, HIV, and hepatitis C syndemic, which is exacerbated by a behavioral health workforce crisis. Community-based behavioral health workers (e.g., peer and outreach workers) fill a critical gap in the workforce by providing life-saving services to marginalized communities disproportionately impacted by this syndemic. However, these workers are repeatedly exposed to considerable stress, trauma, and triggering environments, which can jeopardize their well-being and employment outcomes. Despite their critical role, there is a pronounced absence of targeted interventions to support their occupational well-being. My research seeks to improve the occupational well-being and retention of the community-based behavioral health workforce as a strategy to strengthen systems of care and promote more equitable health outcomes for people who use drugs and people living with HIV and hepatitis C. My program of research focuses on three primary lines of inquiry: 1) identifying gaps in harm reduction service implementation; 2) understanding occupational well-being of the community-based behavioral health workforce; and 3) adapting and testing evidence-based interventions to improve occupational outcomes for community-based behavioral health workers.

Regarding my first line of inquiry, I have conducted research to understand if, how, and to what extent harm reduction services have been implemented among HIV service organizations. My team found that though providers desire harm reduction training, few have received it, and as such, few organizations provide harm reduction services due in part to barriers related to insufficient funding and contested socio-political environments (McCormick, Stanton et al., 2023; Stanton et al., 2022). In another study related to improving the practice of harm reduction in Texas, my team found similar barriers related to the policy environment hindering the widespread implementation and adoption of harm reduction throughout the state (Claborn et al., 2023). These studies led me to conduct a systematic review that investigated the range of harm reduction interventions implemented to address the U.S. opioid epidemic, which revealed that there is a dearth of research on culturally relevant interventions that serve communities disproportionately impacted by the more recent phases of the opioid overdose epidemic (McCormick et al., 2024). This work is significant because it underscores the need for equity-oriented and community-informed harm reduction interventions that respond to the shifting structural drivers of the epidemic. This work has been well-received by scholars in the field of addiction and recovery science and was featured in the newsletter of the National Coordinating Office of the SAMHSA-funded Addiction Technology Transfer Center. Additionally, I was invited by the Medical University of South Carolina to present on this work at two interdisciplinary practitioner-focused learning collaboratives (Project ECHO: Opioid Use Disorder and Project ECHO: Community Opioid Response Initiatives).

My second line of inquiry is inspired by my practice experience, which taught me that the frontline providers addressing the opioid overdose epidemic operate under insurmountable stress, yet little effort has been made to understand their occupational experiences. In a state-wide survey of 168 harm reduction and peer workers, I found that approximately 25% reported symptoms of psychological distress and 15-42% reported elevated levels of burnout (McCormick et al., in prep). To understand factors affecting workers' well-being, I conducted an exploratory analysis of qualitative survey data which revealed unique occupational stressors that spanned socio-ecological levels, including the illegal status of harm reduction services and supplies and community disdain toward harm reduction approaches (McCormick et al., in press). I then conducted in-depth qualitative interviews with 32 harm reduction and peer workers to understand their experiences of occupational stress and strain. This study revealed that workers are forced to navigate copious unique stressors (e.g., moral injury, health and safety hazards) which have adverse effects on their well-being, including relapse among those in substance use recovery

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(McCormick et al., under review). These findings highlight that the well-being of this essential workforce is vital to the success and sustainability of overdose prevention efforts and call for targeted research on evidence-informed strategies that promote worker retention. I received grant funding for this research from the Hogg Foundation for Mental Health and was awarded UT Austin's Harrington Fellowship, the university's most prestigious graduate fellowship summing to \$72,000. This work has also been nominated for two outstanding dissertation awards.

Regarding my third line of inquiry, I have implemented and evaluated grantmaking and capacity-building programs aimed at enhancing evidence-based service provision (e.g., harm reduction, trauma-informed care) among HIV service organizations in the Southern U.S. I managed data collection for the programmatic evaluation of 14 distinct capacity-building programs serving 140 organizations throughout the U.S. South. I also co-designed and co-facilitated six cohorts of a harm reduction-focused learning collaborative (Ali, McCormick et al., 2021). In addition, I led a rigorous multi-level evaluation of the program: using a sequential explanatory mixed method design, I found that participation in the learning collaborative was associated with positive changes in harm reduction-related knowledge, attitudes, and skills, as well as positive organizational changes including integration of harm reduction into organizations' mission/vision statements and the meaningful involvement of people living with HIV in organizational operations (McCormick, Stanton et al., 2022). This work is significant because it provides evidence that learning collaboratives are a feasible and acceptable strategy for driving individual and organizational change in real-world, resource-constrained settings. This model has been adopted by my community-based collaborators at the Ribbon Group in relation to their capacity-building initiative focused on Black women HIV peer patient navigators, for which I currently serve as the program evaluator.

I have also collaborated on a NIDA-funded R61/R33 project (R61 DA059887; PI: Creech) focused on adapting and testing Stress First Aid, an evidence-informed occupational stress intervention for harm reduction workers in substance misuse settings. In addition, I recently submitted a K01 Career Development Award to the National Institute on Drug Abuse (NIDA) to use a co-design process to adapt and pilot test Mindfulness-Based Relapse Prevention with substance use peer workers (1K01DA065810-01). This proposal would provide me with advanced training and additional applied research experience related to clinical trial design and execution, advanced statistics for intervention research, and dissemination and implementation science. My proposed K01 is well-positioned to advance this under-developed area of the field with a focus on an individual-level interventions to address occupational burnout and relapse among substance use peer workers.

My long-term goal is to lead an innovative program of research focused on improving the occupational well-being of the community-based behavioral health workforce. My program of research has so far culminated in 2 research excellence awards, 1 foundation-funded grant application, 1 NIH grant currently under review, 23 peer-reviewed publications (with an additional 6 under review), 38 oral conference presentations, and 16 poster presentations. These accomplishments reflect not only my productivity and contributions to the field, but also my methodological expertise, strong collaborative networks, and ability to generate actionable insights that address real-world needs. I am excited about the research I will conduct in the coming years, as I anticipate making meaningful contributions related to promoting the occupational well-being and retention of the community-based behavioral health workforce – an essential step toward strengthening systems of care and promoting health equity for communities disproportionately impacted by the ongoing public health syndemic.